

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Dr. Diane L Edge**

Mailing Address 1062 Myrtle Way

City State Zip Code  
 San Diego CA 92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Dds

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : 4295297**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Patricia Hope Edmonds**

Mailing Address 28 Samuel Way

City State Zip Code  
 North Andover MA 1845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : 4292865**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Joyce Edward**

Mailing Address 1 Jefferson Ferry Dr., Apt. 22

City State Zip Code  
 South Setauket NY 11720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

REQUESTED

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : 4279799**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00